

Klinisk Kemi Laurells

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hemostasis is a critical physiological process that stops bleeding at the site of an injury while ensuring normal blood flow
elsewhere thereby preventing excessive clot formation that could lead to dangerous conditions like thrombosis this delicate
balance is influenced by genetics medical conditions such as cancer and various medications when a blood vessel is damaged
platelets adhere to the exposed area become activated and aggregate to form an initial plug coagulation factors particularly
thrombin create a strong fibrin network to stabilize the clot disruptions in this process can result in significant bleeding or
dangerous clot formation this thesis aims to explore and understand the factors affecting coagulation and the risks of thrombotic
events in different medical contexts this includes studying genetic variability in the protease activated receptor 4 par4 gene
specifically the ala120thr variant among sub saharan african populations identifying genetic and non genetic risk factors for
venous thromboembolism vte in patients with the brain cancer glioblastoma multiforme gbm and investigating the impact of
intravenous morphine on platelet activity in patients with st elevation myocardial infarction stemi treated with ticagrelor a p2y12
inhibitor the a allele of the rs773902 single nucleotide polymorphism snp in the par4 gene f2r13 substitutes threonine for alanine
at the 120th protein position thr120 this allele is more prevalent in african populations compared to caucasian populations
although previous studies did not specify the geographic ancestry of participants thr120 is associated with higher par4 induced
human platelet aggregation and ca2 flux our study found that the frequency of the a allele in the somali population is
significantly lower than previously reported for african americans the a allele frequency in somalis is 38 compared to 63 for
african americans the a allele frequency in somalis is closer to that of the maasai population in kenya 41 but vastly different

from the esan population in nigeria 68 certain cancers such as gbm are associated with a higher risk of vte including deep vein thrombosis dvt and pulmonary embolism pe our research identified blood group b as a significant risk factor for patients with gbm or 6 91 95 ci 2 2 24 1 p 0 001 also gbm tumors in the frontal lobe are associated with an increased risk of vte or 3 14 95 ci 1 1 10 7 p 0 05 our study on morphine commonly used for pain management in stemi patients found that morphine is associated with increased platelet aggregation one hour after percutaneous coronary intervention pci impacting the efficacy of ticagrelor morphine delays platelet inhibition by affecting the pharmacodynamics of antiplatelet therapy likely by delaying gastric emptying however this effect is short lived as platelet reactivity returns to similar levels in both groups 12 hours post pci despite this immediate impact on platelet function our research found no significant differences in biomarkers of platelet activity coagulation or inflammation between the morphine and non morphine groups additionally all patients in our study were administered unfractionated heparin injections or bivalirudin infusion during primary pci which may help control the risk of blood clot formation these studies collectively emphasize the need for individualized strategies to manage thrombotic risks and coagulation the significant genetic variability among sub saharan african populations highlights the need for precise genetic research to understand how genetics influence coagulation and develop personalized medical strategies the increased risk of cancer associated thrombosis particularly in patients with gbm calls for individualized anticoagulant therapies based on unique risk profiles such as blood group typing and tumor location incorporating these insights into clinical practice can help healthcare providers better identify high risk patients and tailor thromboprophylaxis strategies accordingly similarly the impact of morphine on patients with stemi treated with ticagrelor requires careful consideration in conclusion these findings underscore the importance of a personalized approach in managing coagulation and thrombotic risks the studies show that genetic variability specific medical conditions and medication effects are crucial in thrombotic risk therefore customized strategies based on individual patient profiles and contexts are essential for effectively managing and preventing thrombotic events

blood samples are often used to investigate the possible presence of disease and to make treatment decisions in the interpretation of the results comparison either with previous values from the same individual or with a set of appropriate group based reference intervals are used current reference intervals for common laboratory analytes are often based on measurements from apparently healthy persons aged 18 65 years age is accompanied by a general decline in organ functions and it is difficult to determine whether a change in levels of laboratory analytes in an elderly individual can be attributed to age alone independent of environmental or disease processes frailty can be seen as a consequence of age related multifactorial deterioration physical cognitive and sensory resulting in vulnerability and lack of adaptability to internal stressors such as infection or new medication and or external stressors such as fall at home consensus about the definition of frail and frailty is missing both nationally and internationally the question arises whether different definitions of frailty affect the interpretation of analytes when comparing different groups of elderly the overarching aim of the thesis was to interpret and assess circulating levels of some clinical laboratory analytes in relation to conventional reference values in 80 year old apparently healthy moderately healthy and frail individuals data originated from other studies in which blood samples were collected from individuals 80 year old comparisons in paper i of levels of some laboratory analytes from 138 nursing home residents nhrs was made with blood from reference populations both blood donor and the norip study the results indicated differences for some immunological complement factor 3 and 4 immunoglobulin g and m and chemical analytes alanine aminotransferase alt phosphate albumin sodium creatinine and urea but no differences in levels occurred for aspartate aminotransferase ast gamma glutamyltransferase gt or lactate dehydrogenase ldh it was unclear whether the differences were due to differences in age between the elderly and the reference populations or whether the elderly individuals had chronic diseases and were on medication in paper ii 569 individuals elderly individuals 80 years old were classified as healthy moderately healthy and frail based on diseases medications and physical and cognitive abilities statistical differences between the groups were found for the investigated analytes albumin alt ast creatinine and gt in paper iv individuals from paper ii n 569 were divided into two groups and thereafter divided into apparently healthy

moderately healthy and frail one group was subdivided into apparently healthy moderately healthy and frail based on physical and cognitive abilities and the other group was divided based on the frailty index fi there was no statistical difference found between apparently healthy and moderately healthy groups regardless of classification model used among frail individuals differences in levels occurred for three out of the five investigated analytes alt creatinine and g gt with lower levels occurring when the fi classification model was used no differences in levels occurred for albumin or ast in frail individuals regardless of classification model used the aim of paper iii was to study whether 1 year changes in complete blood count cbc including haemoglobin hb red blood cell rbc erythrocyte volume fraction evf mean corpuscular volume mcv mean corpuscular hb concentration mchc white blood cell wbc and platelet count plt c reactive protein crp and interleukin il 1 il 1ra il 6 il 8 and il 10 are associated with survival in elderly nhrs aged 80 years elevated levels of crp and il 8 during 1 year follow up were associated with reduced length of survival in elderly nhrs based on the present thesis it is clear that there is need for reference intervals that consider both age and health status in elderly individuals a reasonable conclusion when interpreting levels of analytes in elderly individuals with disease or frailty is that individual evaluation based on the individual s previous levels is recommended blodprover används ofta för att undersöka ev förekomst av sjukdomar och för att fatta behandlingsbeslut vid tolkningen av resultaten används jämförelse antingen med tidigare värden från samma individ eller med en uppsättning lämpliga gruppbaseade referensintervall nuvarande referensintervall för vanliga laboratorieanalyser baseras ofta på mätningar från tillsynes friska personer i åldern 18 65 år Åldern åtföljs av en allmän nedgång i organfunktioner och det är svårt att avgöra om en ev förändring av nivåerna av laboratorieanalyterna kan enbart beror på skillnaden i ålder oberoende av miljö eller sjukdomsprocesser skörhet kan ses som en konsekvens av åldersrelaterad multifaktoriell försämring fysisk kognitiv och sensorisk vilket resulterar i sårbarhet och brist på anpassningsförmåga till interna stressfaktorer som infektion eller ny medicinering och eller yttre stressorer såsom att ramla hemma konsensus om definitionen av skörhet saknas både nationellt och internationellt och frågan uppstod om olika definitioner av skörhet påverkar tolkningar och referensintervall för laboratorieanalyser när man jämför olika grupper av äldre individer det övergripande syftet med avhandlingen var att tolka och bedöma cirkulerande nivåer för några kliniska laboratorieanalyser i förhållande till gällande referensvärden hos 80 åriga hälsosamma måttligt friska och sköra individer data kommer från andra studier inom vilka blodprov samlades alla från individer 80 år jämförelser i studie i gjordes mellan blodprover från 138 individer i särskilt boende med blodprover från referenspopulationer både blodgivare och från norip studien resultaten visade skillnader för vissa immunologiska komplementfaktor 3 och 4 och kemiska analyser alaninaminotransferas alat fosfat albumin natrium kreatinin och urea men inte alla aspartataminotransferas asat gamma glytamyltransferas gt eller laktatdehydrogenas ld det var oklart om skillnaderna berodde på skillnader i ålder mellan de äldre och referenspopulationerna eller om de äldre individerna hade kroniska sjukdomar och medicinerade i studie ii klassificerades 569 individer 80 år som hälsosamma måttligt friska och sköra baserat på sjukdomar medicinering och fysiska och kognitiva förmågor statistiska skillnader mellan grupperna hittades för de undersökta analyterna albumin alat asat kreatinin och y gt i studie iv delades individer från papper ii n 569 in i två grupper och delades därefter upp i hälsosamma måttligt friska och sköra en grupp delades in i hälsosamma måttligt friska och sköra baserat på fysiska och kognitiva förmågor och den andra gruppen delades in baserat på skörhetsindex det fanns ingen statistisk skillnad mellan hälsosamma och måttligt friska grupperna oavsett vilken klassificeringsmodell som användes bland sköra individer inträffade skillnader i nivåer för tre av de fem undersökta analyterna alat kreatinin och gt med lägre nivåer där skörhetsindex hade använts som klassificeringsmodell jämfört klassificering baserad på fysiska och kognitiva förmågor syftet med studie iii var att studera om 1 års förändringar i blodstatusparametrar hemoglobin hb erythrocytpartikelkoncentration epk erythrocytvolymfraction evf medelcellvolum mcv mean corpuscular hb concentration mchc leukocytpartikelkoncentration lpk och trombocytpartikelkoncentration tpk c reaktivt protein crp och interleukin il 1 il 1ra il 6 il 8 och il 10 var associerade med överlevnad hos individer från särskilt boende 80 år de mest framträdande resultaten var att förhöjda nivåer av crp och il 8 under 1 års uppföljning var förknippade med förkortad överlevnadstid hos äldre från särskilt boende baserat på den aktuella

avhandlingen är det tydligt att det finns behov av referensintervall som beaktar både ålder och hälsostatus hos äldre individer en rimlig slutsats när man tolkar nivåer av laboratorieanalyser hos äldre individer med sjukdom eller skörhet är att individuell utvärdering baserad på individens tidigare nivåer rekommenderas

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naturens apotek läkekonst med tusenåriga anor i kombination med moderna rön i naturläkeboken behandlingar och botemedel beskriver raimo heino hur hjärt kärlsjukdomar led och muskelvärk astma och allergi samt klimakteriebesvär uppkommer och hur dessa kan förebyggas och behandlas med hjälp av naturmedicinska metoder kända sedan årtusenden men kompletterade och förfinade tack vare modern forskning och utveckling raimo heino är naturläkare och medicine licentiat samt en av de främsta förgrundsgestalterna inom naturläkekonstens tillämpning i sverige han utbildade sig i tyskland och öppnade sin naturläkarpraktik i början av 1970 talet senare läste han medicin och bedrev även forskning om det centrala nervsystemet samt undervisade i anatomi på medicinska fakulteten vid uppsala universitet naturläkeboken behandling och botemedel är fackgranskad av tommie olofsson överläkare samt specialist i klinisk patologi och rättsmedicin samt neuropatolog

obs denna bok bör läsas i google play books appen den kan inte läsas i web läsare såsom microsoft edge eller safari förebygg och hantera kriser inom anesthesiologi anesthesiologi är en bred specialitet kollegor som är anställda vid samma klinik kan huvudsakligen vara involverade i allt från ambulanssjukvård till intensivvård och extrakorporal livsuppehållande behandling till smärtmedicin denna text är avsedd att ge narkosläkare och annan narkospersonal en överblick över de icke tekniska färdigheter och kunskaper som vi alla i allmänhet förväntas kunna aktivera med mycket kort varsel den passar som uppfräschning för specialister som förberedelse inför teamträning samt som handbok till vardags innehållsförteckning 1 inledning säkerhet vid anestesi icke tekniska färdigheter och teamutbildning inom kontinuerlig medicinsk fortbildning cme 2 principer för att förebygga och hantera kriser under anestesi 3 ett strukturerat arbetssätt för att förbättra beslutsfattandet och undvika fel 4 bedömning och hantering av luftvägar 5 transport inom och mellan sjukhus 6 den hjärtsjuka patienten inför icke kardiell kirurgi 7 cirkulationssvikt under anestesi 8 intraoperativ arytmi 9 hjärtstopp under anestesi 10 perioperativ hypertoni 11 onormal kapnografi hypoxi och ventilationssvårigheter 12 massiv blödning 13 malign hypertermi 14 anafylaxi i samband med anestesi 15 last systemtoxiska effekter av lokalanestetika 16 akut förgiftning 17 obstetriska kriser och anestesi 18 elektrolyttrubbningar

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